

MDR Tracking Number: M5-05-0381-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-28-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office visits and physical performance test in office visits on 11-17-03, 12-05-03, and 12-17-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity was not the only issue to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 10-29-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT Code 97799-CP-CA for dates of service 10-06-03 through 11-13-03 was denied by the Carrier for "U" – Unnecessary Treatment Without Peer Review. However, in accordance with Rule 134.600 (h) (4), the requestor provided a letter dated 9-15-04, in which Concentra Integrated Services, Inc. preauthorized this procedure for 20 visits with #1098620. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." **Reimbursement is recommended in the amount of \$11,350.50.**

The carrier denied CPT Code 99080-73 on dates of service 11-17-03 and 12-5-03 with a "V" for unnecessary medical treatment based on a peer review, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Requester submitted relevant information to support delivery of service. **Per Rule 129.5 recommend reimbursement of \$30.00. (\$15.00 x 2)**

This Finding and Decision is hereby issued this 14th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees from 10-6-03 through 12-17-03 as outlined above:

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c):
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 14th day of December 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO decision

December 2, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-05-0381-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Physical Medicine and Rehabilitation. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Records presented for review consisted of the office visits for the dates in question with Dr. Berg; Mr. ____'s chronic pain management records; his FCEs, a list of denied charges and disputed services, and a letter from Wol-Med dated November 10, 2004 stating that chronic pain management was denied as unnecessary by the insurance carrier after preauthorization.

CLINICAL HISTORY

This is a gentleman who injured his back while at work. He was found to have a lumbar herniated disc. He was placed on offwork status, given physical therapy treatments, home exercise programs, ESIs, work hardening and medications. All of these treatments did not relieve his pain or allow him to return to work. He was being monitored by his primary care doctor, Dr. Berg, during his treatments. On 11/17/03 he was seen for a follow-up visit and on 12/05/03 and 12/17/03 to assign work status and to assess his current condition. The patient had just completed a chronic pain management program on 11/17/03 and further steps were being considered for his treatment.

DISPUTED SERVICES

Under dispute is the medical necessity of the office visit, physical performance test in office visits on 11/17/03, 12/05/03 and 12/17/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Mr. ____ was being followed in a medically appropriate manner and frequency in determining his work status and medications. When medications needed to be changed they were modified to assist him in dealing with his recovery. The office visits in question were well within the standards of care for this type of injury with the patient's complaints.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director